

STORMWATER BMP MAINTENANCE INSPECTION CHECKLIST

PLANTER BOXES

Location: _____ Owner Name: _____

Inspector: _____ Date of Inspection: _____ Time of Inspection: _____

Date of Last Inspection: _____ Current Weather Conditions: _____ Date of Last Rain: _____

Age of practice: _____ General Site Conditions: _____

INSPECTION RATING SYSTEM

- 0 = Good condition. Well maintained, no action required. Satisfactory Performance.**
- 1 = Moderate condition. Should monitor. Satisfactory Performance.**
- 2 = Degraded condition. Routine maintenance and repair needed. Unsatisfactory Performance.**
- 3 = Serious condition. Immediate need for repair or replacement. Unsatisfactory Performance.**

NOTE TO INSPECTOR: All personnel entering any confined spaces must take appropriate safety measures and follow applicable OSHA regulations.

INSPECTION ITEMS	RATING	WHAT DID YOU SEE?	WHAT DID YOU DO?
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A. INLET, OUTLET & OVERFLOW

Evidence of erosion/instability	0 1 2 3 N/A		
Evidence of clogging or blockage	0 1 2 3 N/A		
Drain inlet/outlet pipe condition	0 1 2 3 N/A		

B. VEGETATION

Vegetation is overgrown	0 1 2 3 N/A		
Nuisance weeds or other vegetation is taking over (i.e. invasive non-native species)	0 1 2 3 N/A		
Inadequate plant covering or exposed soil	0 1 2 3 N/A		
Plant material is dead, dying or appears unhealthy	0 1 2 3 N/A		

C. TREATMENT AREA

Evidence of standing water more than 72 hours after rain (ponding, noticeable odors, water, algae, stains)	0 1 2 3 N/A		
Erosion or scoured areas due to flow channelization or high flows	0 1 2 3 N/A		
Excessive trash/debris/sediment accumulation	0 1 2 3 N/A		

D. OTHER

Complaints from local residents	0 1 2 3 N/A		
Public hazards observed (describe)	0 1 2 3 N/A		
Other:	0 1 2 3 N/A		

E. CORRECTIVE ACTIONS

Describe source of problem and list any corrective actions that need to be taken and when

F. PHOTOGRAPHS

Attach photographs with descriptions showing current condition of system and any deficiencies noted in this inspection.